



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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http://www.mass.gov/doi

Application for Renewal of Foreign Company License
to Transact Insurance Business in Massachusetts

Pursuant to the provisions of MGL Chapter 175, § 151, application is hereby made to renew the license to transact insurance for the following company for the year beginning **July 1, 2008**:

- Corporate Name of Company: _____
- NAIC Company Code #: _____ Company Federal ID #: _____
- Has the company's mailing address changed? (**Yes / No**) If "Yes", fill in the address below.
New Company Mailing Address: _____

- Have the company's telephone numbers changed? (**Yes / No**) If "Yes", fill in below.
Company Main Telephone #: (____) _____ Toll Free Telephone #: (____) _____
- Name and address of United States Manager (for alien companies only):

- Within the last five years, has the license or authority of the company, in any state, district, or country been revoked, suspended, or canceled, or has the company been refused admission to any state, district, or country? (**Yes / No**) (If "Yes", explain on a separate attachment.)
- Is "Direct Writing" one of the company's marketing tools in Massachusetts? (**Yes / No**)
- Has the company filed a **Signed Jurat Page** for the December 31, 2007 Annual Statement? (**Yes / No**) (If "No", explain in detail on a separate attachment.)
- I, _____ (type or print name) hereby certify that the above statements are true to the best of my knowledge and belief and are made subject to penalties of perjury.

President
Secretary
U.S. Manager
Date: _____
Direct Telephone #: (____) _____

This form, accompanied by the **Annual Filing Fee and Insurance Company License Renewal Lock Box Form** and the appropriate check made payable to the **Commonwealth of Massachusetts Division of Insurance**, should be mailed to:

Massachusetts Division of Insurance
Annual Filing Fee / Company Licensing Renewal
PO Box 370039
Boston, MA 02241-0739

Additional Required Information for Licensed Foreign Companies

Primary (Claims)
Disaster Liaison Contact Information

Name: _____

E-Mail Address: _____

Phone Number: _____

Mailing Address: _____

Secondary (Claims)
Disaster Liaison Contact Information

Name: _____

E-Mail Address: _____

Phone Number: _____

Mailing Address: _____
